

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY **Clinton**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Cameron**

Length of stay in lb
6 Wks.

2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)

a. STATE **Mo.** b. COUNTY **Clinton**

c. CITY OR TOWN **Turney** Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **516 West 3Th.**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Turney R.R. 1 Residence on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Woodson Vaughn Silivus

4. DATE OF DEATH
Month Day Year
5-3-1965

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-16-1906

9. AGE (last birthday)

58

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Gen Farming

11. BIRTHPLACE (City and state or country)

Turney Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Ben Silivus

13b. MOTHER'S MAIDEN NAME

Erna Ditmars

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Don Silivus Ray Town Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Suicide

DUE TO (b)

Severing arteries in throat

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Cutting throat with razor blade

20c. TIME OF INJURY
Hour **2:00** p.m. Month, Day, Year **5-3-65**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Cameron, Clinton

COUNTY

STATE

Mo

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James W. Sanders, Clinton County Coroner

22b. ADDRESS

Cameron Mo

22c. DATE SIGNED

5/5/65

23a. BURIAL, CREMATION, REMOVAL

Burial

23b. DATE

5-6-1965

23c. NAME OF CEMETERY OR CREMATORY

Evergreen Cemetery

23d. LOCATION (City, town, or county)

Osborn Mo

24. FUNERAL DIRECTOR

ADDRESS

Poland Funeral Home Cameron Mo

25. DATE RECD. BY LOCAL REG.

5-6-65

26. REGISTRAR'S SIGNATURE

Francis D Crawford

CLINTON
JUL 13 1965

CLINTON
NOTATION

JUL 13 1965
JUL 13 1965

ST. LOUIS

10-10-1966

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE

DEPARTMENT OF HEALTH, EDUCATION & WELFARE

DECEASED
Don't give me any more of this

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

OPTIONAL FORM NO. 10-10-1966

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